the U.S. military can be effective in quelling the sectarian violence, that U.S. economic aid can yet bring about an improvement in Iraqi lives that won't be bombed away and that American diplomatic power can be harnessed to pressure Shiites and Sunnis to make peace—if Congress accepts this, then lawmakers have a duty to let the president try this ''surge and leverage'' strategy.

By interfering with the discretion of the commander in chief and military leaders in order to fulfill domestic political needs, Congress undermines whatever prospects remain of a successful outcome. It's absurd for House Speaker Nancy Pelosi (D–San Francisco) to try to micromanage the conflict, and the evolution of Iraqi society, with arbitrary timetables and benchmarks.

Congress should not hinder Bush's ability to seek the best possible endgame to this very bad war. The president needs the leeway to threaten, or negotiate with, Sunnis and Shiites and Kurds, Syrians and Iranians and Turks. Congress can find many ways to express its view that U.S. involvement, certainly at this level, must not go on indefinitely, but it must not limit the president's ability to maneuver at this critical juncture.

Bush's wartime leadership does not inspire much confidence. But he has made adjustments to his team, and there's little doubt that a few hundred legislators do not a capable commander in chief make. These aren't partisan judgments—we also condemned Republican efforts to micromanage President Clinton's conduct of military operations in the Balkans.

Members of Congress need to act responsibly, debating the essence of the choice the United States now faces—to stay or go—and putting their money where their mouths are. But too many lives are at stake to allow members of Congress to play the role of Eisenhower or Lincoln.

Mr. KYL. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUPPORTING OUR VETERANS

Mr. DURBIN. Mr. President, this morning I held a hearing in Chicago at the University of Illinois, Chicago medical campus. It was a hearing to discuss the challenges we face with returning veterans from Iraq and Afghanistan. It was clear from the turnout at that hearing there is an intense interest in this subject. Much of it was brought on by the Washington Post front-page story of a few weeks ago about the now infamous Building 18 at Walter Reed Hospital.

Like many Members of Congress, I have visited Walter Reed many times to see Illinois soldiers and to check in to see how things were going. None of us were ever taken across the street to Building 18. I didn't know it existed. But the graphic images of the building, which was worse than a flophouse motel with mold on the walls and rat droppings and evidence of roaches and bugs, where we were housing men and women who had just returned from battle with their injuries, has really struck a nerve across America and here on Capitol Hill. It has caused us to ask important and difficult questions about whether we are meeting our obligations to our soldiers and to our veterans, also to ask whether Walter Reed's Building 18 was an isolated example of neglect or symptomatic of a much larger problem and a much greater challenge.

Today in Chicago we talked about the returning vets and soldiers from our perspective in the middle of the country. With the Hines VA Hospital being one of the larger VA hospitals, and with a lot of veterans heading back to that part of the country, we have a real interest in this issue.

It goes without saying we all support our troops. In fact, it is said so often on the Senate floor it becomes an almost empty cliche. Those soldiers, the families, the voters, people of this country have a right to ask each of us: Great. If you support them, what are you doing for them?

We can talk—and I might at the end of these remarks—about our policy in Iraq, but for a moment I want to focus on those who serve our country overseas and come home injured and need a helping hand.

Many of the soldiers who were featured in the Washington Post exposé on Walter Reed had been living in deplorable conditions for months, sometimes years. They have lived in that condition waiting to receive a disability rating to begin rebuilding their lives. So after they fight the enemy, they come home to fight the bureaucracy. Papers are thrown at them. Some of them are in compromised positions because of their physical or mental weakness and they have to become advocates in a system that is not always friendly.

The Washington Post brought to light poor conditions at Walter Reed, but we have to ask the larger question: What about the rest of the hospitals? What about the rest of the soldiers and the veterans?

I joined several of my Democratic colleagues last week in cosponsoring the Dignity for Wounded Soldiers Act of 2007. Our new colleague, Senator CLAIRE MCCASKILL from Missouri, who has become a leader on this issue, joined with Senator OBAMA of my State in introducing a bill that calls for more homes for service members who are still recovering, less paperwork for recovering service members, better case management to cut through the red-tape, better training for caseworkers, better support services, including meal benefits, for recovering service members and their families, and job protections for husbands and wives, moms and dads of wounded service members who have come to stay with and help take care of their loved ones while they are recovering.

Mr. President, you served in Vietnam. At the time of your service, the men and women in uniform were much younger and usually single. Now the soldiers, guardsmen, and reservists who serve in Iraq and Afghanistan are older and usually have a family. So when they come home, their misfortune, their illness, and their injury turn out to be a family concern.

This bill says we should be sensitive to the family needs of these returning service members. Many of the returning troops who are injured need medical attention long after they are discharged. In fact, more of our service members sustain serious brain injuries in Iraq and Afghanistan than in any recent conflict we have known. I have seen several figures about how many Americans serving in the Middle East have suffered head and brain injuries that require a lifetime of continual care. The estimates run from 2,000 to 3,000. When you think of over a million service men and women who have served in that theater, it appears to be a small number but it is a dramatically larger number than we have seen in any previous conflict.

In Vietnam, in previous wars, brain injuries accounted for 1 out of 8 or 12 percent of the injuries. In Iraq and Afghanistan, brain injuries account for 22 percent of the injuries—almost 1 out of 4. Of course, we understand why, with the roadside bombs, the blasts, and the concussions to which these service men and women are subjected. It takes its toll. As many as 2 out of every 10 combat veterans from Iraq and Afghanistan are returning with concussions in varying degrees of intensity, and 1.6 million vets have served already in the war. That means 320,000 people require some sort of screening and treatment for traumatic brain injury or head-related injury. That number grows with every new soldier, sailor, marine, and airman deployed.

I am working on legislation now, and I will invite my colleagues to join me, to focus on brain injury because I think that is the significant wound of this war that we cannot ignore. The bill which I am preparing will, among other things, speed up medical research so we can do a better job of diagnosis and treatment. I might add parenthetically that treatment will inure to the benefit of many other people across America dealing with brain injuries or brain-related problems.

We also in this bill encourage the VA to do more outreach to find veterans whose brain injuries may have caused problems in their lives and help bring them back into a system of care and support. The bill requires the Department of Defense and the VA to work more closely together to capture and track returning troops with combat-induced brain trauma and to put money into better equipment for VA medical centers to improve their testing and treatment.

During Vietnam, one in three Vietnam service members who were injured died. In Iraq and Afghanistan, it is one in seven. Battlefield medical care is

significantly better. The trauma teams in the field who treat our men and women who are injured are performing miracles every day. But those injured veterans, once surviving, come home to more challenging medical care needs.

Let's speak for a moment about post-traumatic stress disorder. With Vietnam veterans, it is estimated it was as high as 30 percent. That estimate is given on Iraq and Afghanistan veterans as well. But during the Vietnam war, it was not discussed.

Today, I had a young man who was a Vietnam veteran stand up. His name is Ramon Calderon. Ramon has been fighting post-traumatic stress disorder almost single-handedly since Vietnam. There are so many other cases of men and women who served there who came home haunted by the experience. It wasn't considered appropriate to raise that issue when they returned, so they suffered in silence and many times paid a price: a failed marriage, self-medication with drugs and alcohol, despondency, homelessness, and problems that follow when these psychological scars are not healed. Today we know that many of our returning service men and women from Iraq and Afghanistan bring home those demons of war in their heads, and they are trying to purge themselves of that haunting illness.

A new study that will be released later today by the Archives of Internal Medicine says we are looking at the high end of the estimate of 30 percent. About one-third of those who have served in Iraq and Afghanistan come home in need of post-traumatic stress disorder counseling, and the sooner the better. The longer this situation festers, the worse it becomes. Early intervention, early help can save a life, save a marriage, and turn a life around. The study reports that one-third of veterans coming back from war who seek care in the VA have mental health or social issues.

Several months ago I went to the Hines VA Hospital and I was invited to attend a counseling session. The soldiers who were back from war said it was OK if I sat in on it. It was late on a Friday afternoon. These were vets, mainly young men, who had just returned from war. They came filing into the room, about a half dozen of them, and I could tell by the look on their face that we had the whole spectrum of emotions.

There were some who were nearly in tears the minute they crossed the threshold into the room, and there were others with clenched fists and angry looks on their faces who were suffering from the same problem. They needed to sit down and talk to somebody to try to get through another day, another week before they had another counseling session.

That is the reality. The statistics tell us a vivid story. More injured servicemembers are surviving. More injured soldiers, marines, sailors, and airmen are coming home, and a larger percentage of them need help from brain injuries, both traumatic injuries as well as psychological injuries. The VA needs to be prepared to treat this large influx of people.

Our medical and benefit systems are not keeping pace with reality. Remember the promise we made to these men and women? If you will volunteer to serve America, if you will risk your life, we will stand by you. We will protect you in battle, and we will stand by you when you come home. That was the basic promise. But we know, sadly, we are not keeping that promise at the VA hospitals and even the military hospitals across our country. Injured troops come home to find in too many cases substandard outpatient care and a big fight on their hands to justify the need for ongoing care.

A recent New York Times article featured 2005 data from the Veterans Affairs that showed a big difference between the average compensation paid in my home State. It is not news. It has been there for a couple years now. For 20 years, for reasons no one can explain, a soldier who was disabled in Illinois received the lowest compensation for an injury in comparison to another soldier with the same injury in another State. I was pretty angry about it. Senator OBAMA, who is on the Veterans' Affairs Committee, joined me in demanding an inspection to find out why this was going on, an investigation to get to the bottom of it, and action. We got a report back from Veterans Affairs, and it wasn't very satisfying.

It turns out that if a veteran tried to walk through this system alone without someone by his side, someone from his family or someone from a veterans organization, they were likely to recover 50 percent less for their disability than one who took an advocate with him. It tells you what the bureaucracy does. The bureaucracy shortchanges the injured veterans. It takes an advocate to stand by their side, and I will tell you the story of one in just a moment.

Last year we required the Veterans' Administration to send letters to 60,000 veterans in Illinois explaining how they might have been shortchanged in their disability claims for a variety of reasons. I want to make sure the VA is tracking those letters and responses and that they are doing it in a timely fashion. The VA, the Veterans Affairs Department, is inundated at this point: 1.6 million new veterans they may not have anticipated just a few years ago. Higher rates of PTSD and brain injury complicate their task. The VA Compensation and Pension Claims Division reports a backlog—a backlog—of 625,000 cases. The average wait to process an original claim at the VA is about half a year—177 days. Six months to process a VA claim, and if you are unhappy with the result and decide you want to appeal it, it will take 2 years—657 days—before you will get an answer on the appeal.

One of the things I think we should acknowledge is that there are many wonderful things happening at VA hospitals. The criticisms that we hear for their shortcomings, notwithstanding there are many dedicated men and women serving in the Veterans' Administration. I can't tell you how many returning soldiers have said good things about military hospitals and the VA. But the fact is, we need to do much more, and we need to do better.

If we could have gathered together the leaders of the Veterans' Administration 10 years ago and asked them to predict where they would be in the year 2007 in terms of their caseload and the requirements they would face, I don't think any one of them could have predicted what they face today. By and large, they were dealing with an aging population of World War II vets and Korean vets, Vietnam vets and others who had chronic conditions that needed attention.

They were conditions related to their injuries. But they were also conditions such as diabetes and blood pressure. They were prepared to deal with the aging veteran population. Then comes the invasion of Iraq, and everything changes. Thousands of men and women are now in the VA system with new challenges. Instead of chronic conditions such as diabetes and blood pressure, the VA now faces the need for acute rehabilitation. This is a specialty in which there are very few centers in America on the civilian side that really get high marks.

The VA is being asked to create this kind of specialty in a hurry. It is not working out very well. I will speak to that in a moment.

I had excellent people speaking today at the hearing.

We had Scott Burton, a former marine who was part of the initial Iraq invasion. He was discharged in 2004, and he suffers from PTSD. He is very open about it and is looking for help. He will do just fine, but he has become an advocate for other soldiers who need to step forward and acknowledge their need.

We had Katy Scott. Katy's son Jason lost his right eye and right arm in an IED attack in Iraq. She lost her job because she gave it up basically to stand by her son's bed at Walter Reed and fight for him every day. She is a passionate advocate not only for her son but for all the returning servicemen.

Then we had Edgar Edmundson. He was featured today on the front page of the New York Times. It is a feature he and his family really were not looking for. It is entitled ''For War's Gravely Injured, a Challenge to Find Care.''

The article tells the story of a number of veterans, including SSG Jaron Behee, who suffered a traumatic brain injury and went to the Veterans Affairs hospital in Palo Alto, where they said it was time for him to pick out his wheelchair, which he would be in for the rest of his life. They told him he wasn't making progress and that the next step for him was a nursing home. His wife said, ''I just felt that it was

unfair for them to throw in the towel on him. I said, 'We're out of here.' ''

Because Ms. Behee had successfully resisted the Army's efforts to retire her husband into the VA health care system, his military insurance policy, it turned out, covered private care. So she moved him to a community rehabilitation center, Casa Colina, near her parents' home in Southern California, in late 2005.

Three months later, Sergeant Behee was walking, unassisted, and abandoned his government-provided wheelchair.

Three months before, he had been told by the VA there was no hope—pick out your wheelchair, we are sending you to a nursing home.

Now 28, he works as a volunteer in the center's outpatient gym, wiping down equipment and handing out towels. It is not the police job he aspired to; his cognitive impairments are serious. But it is not a nursing home either.

There are other stories. Some were referred to today in the hearing we had in Chicago. The one I mentioned earlier is one that I think bears repeating. This involves Edgar Edmundson, 52 years old, from New Bern, NC. His son, SGT Eric Edmundson, sustained serious blast injuries in northern Iraq in the fall of 2005.

Mr. Edmundson [the father] was aggressive, abandoning his job and home to care for his son, calling on his representatives in Washington for help, ''saying no a lot.'' But even he did not come to understand his son's health care options quickly enough to ensure that his son was not ''shortchanged'' in the critical first year after his injury.

Mr. President, this is an element we cannot overlook. We cannot play catchup in this game. Many soldiers with traumatic brain injuries will deteriorate, and it will be sometimes impossible to recover the ground they lost if they don't get the right care at the right moment.

Two days before Sergeant Edmundson was wounded near the Syrian border, he visited with his father on the telephone. Mr Edmundson urged his son, then 25 with a young wife and a baby daughter, to ''stay safe.''

In an interview last week, Mr. Edmundson's voice cracked as he recalled his son's response: ''He said, 'Don't worry, because if anything happens, the Army will take care of me.' ''

While awaiting transport to Germany after initial surgery, Sergeant Edmundson suffered a heart attack. As doctors worked to revive him, he lost oxygen to his brain for half an hour, with devastating consequences.

A couple weeks later, at Walter Reed in Washington, on the very day Sergeant Edmundson was stabilized medically and transferred into the brain injury unit, military officials initiated the process of retiring him [from the active military].

''That threw up the red flag for me,'' Mr. Edmundson said. ''If the Army was supposed to take care of him, why were they trying to discharge him from service the minute he gets out of intensive care?''

Still, he didn't understand that his son's insurance policy covered private care. He wasn't aware of it.

When Walter Reed transferred Sergeant Edmundson to the polytrauma center in Richmond, Mr. Edmundson believed that he was, more or less, following orders.

Mr. Edmundson was disappointed by what he considered an unfocused, inconsistent rehabilitation regimen at what he saw as an understaffed, overburdened VA hospital filled with geriatric patients. His son's morale plummeted and he refused to participate in therapy. ''Eric gave up his will,'' he said. In March 2006, the VA hospital sought to transfer Sergeant Edmundson to a nursing home.

Mr. Edmundson chose instead to care for his son himself, quitting his job [altogether and he spent full-time with his son.] For almost eight months, Sergeant Edmundson, who was awake but unable to walk, talk, or control his body, received nothing but a few hours of maintenance therapy weekly at a local hospital.

One day, by chance, Mr. Edmundson encountered a military case manager who asked him why his son was not at a civilian rehabilitation hospital. That is when Mr. Edmundson learned that his son had options. He did some research and set his sights on the Rehabilitation Institute of Chicago.

He decided that the best place to go—and I agree—was the Rehab Institute of Chicago, which I think is one of the best in the world.

Sergeant Edmundson is now the only Iraq combat veteran being treated there.

The first step in his treatment in Chicago, Dr. Smith said, was to use drugs, technology and devices ''to reverse the ill effects of not getting adequate care earlier, somewhere between Walter Reed and here.''

For example, she said, Sergeant Edmundson's hips, knees and ankles are frozen ''in the position of someone sitting in a hallway in a chair.'' They are working to straighten out his joints so that he can eventually stand, she said. They have taught him to express his basic needs using a communication board, and they hope to loosen his vocal cords so he can start speaking.

At least he can communicate. Doctor Smith said, ''He has profound cognitive disability, but he can communicate, albeit not verbally, and he can express emotions, including humor and even sarcasm.''

When Sergeant Edmundson's father testified today, along with Eric's sister, he could not get the words out. This man had given almost 3 years of his life for his son. He knows his son has a major uphill struggle to make progress. He tried to be as kind as he could to everybody who helped, but he was also very honest. He expressed the feelings of a heartbroken father who believes that along the way, somebody should have told him his son was entitled to even better specialized care.

Last week, the head of the Rehab Institute of Chicago came to Washington. I met with her—Dr. JoAnn Smith. She was with Dr. Henry Betts, who is legendary in our town for his leadership in this institute. She came with a simple message from the Veterans' Administration, to tell them that: This is our specialty, this is what we do—take those who are acutely injured and need rehab and work with them effectively. She asked if the Veterans' Administration would please send some patients to the Rehab Institute of Chicago—patients who could be helped like those I have described in my remarks today. She said she was heartened.

Dr. Smith was trained in the VA system. She has no prejudice against them. There was a high degree of acceptance that there is a gap in the military system's current ability to take care of particularly the profoundly injured, she said. However, there is still resistance. The VA doesn't believe there is a problem or any need for rescue by the private sector.

Should we be debating this at all? If you had a seriously injured person in your household, would you not look for the best doctor you could find? Would you not want to send that severely injured person you love to the best place for them? Don't we so many times express on the floor of the Senate how much we care for and love these soldiers who serve our country? Why are they not getting the same thing?

I think that is a challenge we all have to face. We know the VA does many things and does them well. They can do a lot better when it comes to traumatic brain injury—the serious injuries the soldiers are bringing home and the post-traumatic stress disorder. We need to appropriate the funds. No excuses. We need to make sure the billions of dollars are there to take care of these soldiers.

Just 2 weeks from now—maybe sooner—the administration will ask us for a huge sum of money, in the range of $100 billion, a supplemental appropriation to be spent for soldiers in Iraq. It is likely that at the end of the day, they will receive every penny they have asked for, which has been the case for the 4 years of this war. This Senator, as do many others, believes we have to also consider the funding for our injured veterans as well. We cannot stand by and allow these vets to stay in the ''Building 18s'' or those wards where they cannot receive the specialized care and to deteriorate to a point where their lives are compromised forever.

We only have a limited opportunity for many of these brave men and women. We cannot use our own excuses here about budgets and priorities to slow down our obligation and meet our obligation to serve veterans and serve them well.

So this hearing today was an eye-opener for me and for Congresswoman Jan Schakowsky, who joined me, to be in that room with the parents and the veterans, to hear the stories of the bureaucracy they fought, and to understand we can do something about it here in Washington.

I know of the personal interest of the occupant of the chair in this issue. After the Presiding Officer was first elected, after being sworn in, he came to my office and said he wanted to work on a new GI bill. I am anxious to work with him in that regard. Having served our country as he did, he understands better than I do, and better than most, the obligation we have to the men and women who have served.

Mr. President, I hope we will take this experience of the Washington Post

expose and our own personal experiences back home to heart when we consider the measures that are coming before us. I don't want another scandal on this watch. I want to make sure this Building 18 doesn't become another Hurricane Katrina, the ninth ward of New Orleans, LA. It was an indication of lack of skill, lack of management, and lack of commitment that led to this situation. Now it is time for Congress and the President to step up for these men and women who serve us so well.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CASEY). Without objection, it is so ordered.

ADDITIONAL STATEMENTS

ROSENBAUM FAMILY'S SELFLESS ACT

● Mr. LEAHY. Mr. President, the front page of The Washington Post Friday delivered the remarkable news that the family of David Rosenbaum has entered into an agreement with Washington's city leaders under which the family will withdraw a $20 million lawsuit—a lawsuit in which they were said to have an excellent chance of prevailing—if the city lives up to a promise to fix the city's troubled emergency response system.

David Rosenbaum, the retired New York Times reporter, was fatally beaten last year near his home in Washington. He was a good husband and father, a kind friend and neighbor, and a talented and respected journalist. He had a passion for making government more effective in doing its job. He was a good and a kind man. Those who knew or knew of the Rosenbaums were further saddened last year when David's widow, Virginia Rosenbaum, succumbed to cancer.

How fitting, how constructive, and how typical of David Rosenbaum and his life and his work that his family has taken this selfless step. Our best wishes—and our admiration and gratitude—go out to them.

The material follows.

[From the Washington Post, March 9, 2007]

JOURNALIST'S FAMILY WANTS REFORM, NOT MONEY

(By David Nakamura)

The family of a slain New York Times journalist yesterday agreed to forgo the potential of millions of dollars in damages in exchange for something that might be harder for the D.C. government to deliver: an overhaul of the emergency medical response system that bungled his care at nearly every step.

David E. Rosenbaum's family said it will give up a $20 million lawsuit against the city—but only if changes are made within one year.

Under a novel legal settlement, the city agreed to set up a task force to improve the troubled emergency response system and look at issues such as training, communication and supervision. A member of the family will be on the panel.

Although legal experts said the family could have won millions had it pursued the case, Rosenbaum's brother Marcus said he and other relatives were more interested in making sure that the city enacted measurable changes.

''As details of the case started to come out, we decided among ourselves to do something for all the citizens so that things would be improved,'' Marcus Rosenbaum said, standing next to a dogwood sapling planted near where his brother was mugged in January 2006. David Rosenbaum was pounded on the head with a metal pipe by robbers who accosted him during an evening walk. He then was mistakenly treated as a drunk by D.C. firefighters and other emergency workers, who failed to notice his severe head wound.

Rosenbaum, 63, died of a brain injury two days after the attack on Gramercy Street NW. He had recently retired after nearly four decades at the New York Times, where he covered economic policy and other issues, but continued to work in the Washington bureau on special assignments.

The D.C. inspector general's office issued a blistering report in June that faulted firefighters, emergency workers, police and hospital personnel for an ''unacceptable chain of failure'' and warned of broader problems with emergency care. The report called for stronger supervision and training, clearer communication and more internal controls for emergency workers and hospital personnel.

D.C. Mayor Adrian M. Fenty (D), who joined the Rosenbaum family at the announcement, said that he was pleased with the settlement but that it was just the start of a long process of reform. He did not identify potential changes.

''This was a failure of the government, the most tragic kind of failure the government can have,'' said Fenty, flanked by Acting D.C. Attorney General Linda Singer. ''A settlement does not let anyone off the hook, especially the District government.''

Fenty, who took office in January, pledged last year to oust the chief of the D.C. Fire and Emergency Medical Services Department, Adrian H. Thompson, who many officials felt did not act quickly or aggressively enough to address the failures. Among other things, Thompson issued a statement three days after Rosenbaum's death that said ''everything possible'' had been done to provide care. He later changed course, saying he had been misled, and dismissed or took disciplinary action against at least 10 employees.

This week, Fenty nominated Atlanta Fire Chief Dennis L. Rubin to head the department. Rubin said he is familiar with the Rosenbaum case and intends to make changes after studying the D.C. response system more closely. Among issues likely to be on the table: the creation of a separate city department for emergency medical response.

Marcus Rosenbaum said he is hoping for the best. ''We are really happy with the way things have gone with the District,'' he said. ''It's like we are adversaries on the same side. We hope this settlement will lead to something good.''

The lawsuit was filed in November on behalf of Rosenbaum's adult children, Daniel and Dottie.

Family attorney Patrick Regan praised Fenty for reaching out to the family even before he was sworn in and then instructing his staff to work closely with the Rosenbaums to forge a settlement. But Regan had harsh words for Howard University Hospital—which remains a defendant in the lawsuit in D.C. Superior Court.

The city's ambulance bypassed the closest hospital and took Rosenbaum to Howard because one of the emergency medical technicians had personal business to attend to near there. Rosenbaum was not seen by a hospital physician for more than 90 minutes and did not get a neurological evaluation until he had been there almost four hours, the family's lawsuit alleges.

''Howard University's performance was unacceptable, atrocious. It was Third World service in the nation's capital,'' Regan said. ''While the District has stepped up and said, 'Work with us,' Howard has refused to step up. They've covered up what they did. . . . At every turn, Howard has offered excuse after excuse.''

A spokeswoman for Howard did not respond to a request for comment.

D.C. police also were faulted in the case for failing to thoroughly investigate an earlier robbery that could have led to the suspects. Two men have been convicted in the killing: Percey Jordan, who was sentenced to a 65-year term, and his cousin Michael C. Hamlin, who cooperated with prosecutors and received a 26-year term.

The city's new task force will have six months to develop a report. Toby Halliday, Rosenbaum's son-in-law, will serve as the family's representative. The panel will include city officials and emergency care experts who have yet to be identified.

''Our goal is to look beyond the individual errors in this case to bigger issues of emergency medical services,'' Halliday said, as his wife, brother-in-law and other family members looked on.

''The results must be meaningful and measurable,'' Halliday added, ''with changes and results that can be tracked over time to see if they are effective.''●

WELCOMING SADIE FAY MORGENSTERN

● Mr. CRAPO. Mr. President, today I offer a most heartfelt welcome to a bright young lady who just made her entrance into this world—Sadie Fay Morgenstern. Sadie was born just over a week ago on March 4, 2007. She joins her big sister Sydney and parents, Andrew and Beth Morgenstern. I understand that little Sadie is proving to be alert, happy, and content. Undoubtedly, she will grow into a healthy, funloving and curious young lady, traits she will share with her older sister, Sydney. I am honored to share this news of the birth of a happy, healthy baby into a loving family, and I wish them the best. Thank you for joining me today in sending best wishes to the blessed and growing Morgenstern family.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Evans, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages